

# Configuration Control Work Permit

☐ Beamline ☐ Front end

## STEP 1 - Work Description (to be completed by the requestor)

Requestor : \_\_\_\_\_ Date : \_\_\_\_\_ Phone No \_\_\_\_\_ Organization \_\_\_\_\_

Location of Work: Sector No. \_\_\_\_\_ ☐ ID ☐ BM RISK LEVEL : \_\_\_\_\_

Proposed start date \_\_\_\_\_ Required completion date \_\_\_\_\_

Components: ☐ white shutter/stop ☐ mono shutter/stop ☐ mask ☐ brem. collimator ☐ other shielding ☐ other

Task : ☐ Diagnostic/Monitoring/Labyrinth ☐ Repair/Testing/Maintenance/1-for-1 ☐ new / modified installation

Job Description

General comments/Potential Safety Issues: \_\_\_\_\_

Authorization to proceed : ☐ SI GL \_\_\_\_\_ ☐ ADD/DDD \_\_\_\_\_

## STEP 2 - Approval Requirements (Completed by floor coordinator)

Global: on-line ☐ off-line ☐

Stations:

Enabled: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ I ☐ X

Disabled: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ I ☐ X

Approval required to start? ☐ Y ☐ N

<input type="checkbox"/>	<input type="checkbox"/>	Design Review
<input type="checkbox"/>	<input type="checkbox"/>	BCRRT
<input type="checkbox"/>	<input type="checkbox"/>	CCSM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Coordinator

### Step - 4 Approvals to start

Approver Signature	Date
_____	_____
_____	_____
_____	_____

Validation required to closeout?

Y	N	Group
<input type="checkbox"/>	<input type="checkbox"/>	Survey & Alignment
<input type="checkbox"/>	<input type="checkbox"/>	Safety Interlocks
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical/Water
<input type="checkbox"/>	<input type="checkbox"/>	Vacuum
<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Beamline Rep.
<input type="checkbox"/>	<input type="checkbox"/>	HP
<input type="checkbox"/>	<input type="checkbox"/>	Radiation Scientist

### Step - 5 Validations

Validator Signature*	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Step - 3 - Authorization to start

1. Information (Specs, drawings, procedures, task, description, etc) is adequate to safely complete the work.
2. The requested work is consistent with an approved design, and,
3. I concur with the approval / validation checklist requirements.

Responsible Engineer or Beamline Rep. Approval \_\_\_\_\_ Date \_\_\_\_\_

### \*Validator signature indicates:

- My groups work
- has been completed and validated
  - all safety concerns have been resolved, and
  - appropriate records have been updated

### Step - 6 - Close out complete/Return to service

	Responsible Engineer or Beamline Rep.	Signature and date.
Validations are complete and the device/system is ready to return to service	Responsible Engineer or Beamline Rep.	_____
Approvals complete	CCSM or designee	_____
Ready for service, on-line status restored	Floor Coordinator	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

